

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION**

2501 East Sahara Avenue, Suite 102 * Las Vegas,
e-mail: realest@red.state.nv.us

NV 89104-4137 * (702) 486-4033
http://www.red.state.nv.us

AUTHORIZATION TO INSPECT RECORDS

Please complete this form to satisfy the information required for a Real Estate broker who is responsible for a Real Estate TRUST ACCOUNT or to satisfy the financial requirement of a new applicant or status change transaction. Provide the bank information ONLY when the account is a trust account. All others; Please check the box below, complete the company name, broker name, and sign.

Name on account: _____

Account Number: _____

TO:

Bank Name

Branch

Bank address: Number and Street

City

State

Postal Code

As required by NRS 645.310, paragraph 5, and NAC 645.645, I hereby authorize the Nevada Real Estate Division, or its authorized representatives, to make inspection of all records in your possession without notice and upon demand during regular banking hours for the account named above.

I/We hereby waive any and all rights to proceed against the above-named bank for any liability arising from providing the within described information to the Nevada Real Estate Division.

Brokers or applicants to become a Broker must complete this section:

☐ *Check this box when the company will not be initiating a trust account or conducting property management. (Should the company begin property management or open bank trust accounts, I will notify the Division and resubmit this form immediately.)*

Company Name

Real Estate Broker-(Print name)

Broker License #

Signature _____ *Date* _____